

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEF	IND	DEF	IND	DEF
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12	1	2				
13	1					
14						
15						
16						
17						
18						
19						
20	1					
21	1					
22						
23						
24						
25						
26	1					
27						
28						
29	1					
30	1					
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41	1	1				
42		1				
43	1	1				
44		1				
45		1				
46		1				
47	1					
48						
49						
50						
TOTAL IND.	9					
TOTAL DEF.	39					
TOTAL CLAIMS	49					

	IND	DEF	IND	DEF	IND	DEF
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TOTAL IND.						
TOTAL DEF.						
TOTAL CLAIMS						